Colorado Medical Assistance Program Web Portal

Claim Status Inquiry User Guide

The Claims Status Inquiry function allows a user to obtain the Status on a claim that has not been saved in the user's Web Portal database.

The Claims Status Inquiry screen (Figure 3) is available from either the Main Menu (Figure 1)



Figure 1 - Claims Status Inquiry from the Main Menu.

Or from the Claims Lookup screen for Professional, Institutional, or Dental claim types (Figure 2). Department of Health Care Policy and Financing Related Sites: Old Age Pens Main Log Out Help Dental Claim Lookup State ID A Claim Status Client Name 📤 Date Of Serv A Prov ID A PAR ID A Total Charge Entry Date Orig/Adj ^ default result set based on the last 120 days of Date of Entry Page |0 Go **Print** Page 0 of 0 [Previous Page][Next Page] View Claim Response Edit Delete View/Print Adjustment Claim Status Copy Search Criteria: State ID. Equals



Figure 2 – Claims Status Request from the Dental Claims Lookup.

Submitting a Claim Status Request

Enter the required client information on the Claim Status Request screen. Required fields are indicated by a red asterisk (*).

	Department of Health Care Policy and Financing						
1876	Related Sites:	Provider Services	CBMS CHP+	CICP CPPC Main	Old Age Pension Help Log O	HIPAA ut	
Claims Status Request Client Information:							
State ID :*		▼ Search		DOB:*			
Last Name :*		▼ Search	First	Name :*			
Gender :	₹		Patient Acco	unt No :*			
Provider Information : Billing Provider ID: Name :*		▼ Nat	ional Provider Ide	entifier:			
Claim Information :	 To su a, TC	n DOS : bmit a Claim Status N tes of Service. Submit	Request one of		be entered.		

Figure 3 – Claims Status Request screen.

Begin by entering or selecting either a State ID or Last Name for the client.

If the Client Maintenance database for your **Trading Partner ID** contains less than 100 clients, a context-sensitive search function will automatically present a list of matching records as the **State ID** or **Last Name** is entered into the field (Figure 4).

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Relat	ed Sites:	Provider Services	CBMS CHE	-	Old Age Pensio		
1876				Main	Help L	og Out	
Claims Status Reques	<u>:t</u>						
Client Information :							
State ID :*	A0	AD ▼ Search			*	EQ	
Last Name :*	A000000	CLIENT	ZERO	00/00/1900	000-00-0000		
Gender :	A000001	CLIEN	ONE	01/01/1901	111-11-1111		
	A000002	CLIENT TWO		02/02/1902	222-22-2222		
	A000003	CLIENT	THREE	03/03/1903	333-33-3333		
Provider Information	1:						
Billing Provider ID:		-	Nation	nal Provider Identifier:			
Name :*							
Claim Information :							
TCN:		From DOS :	01/26/2012	Throug	th 01/26/2012		
1011.		ı ı					
To submit a Claim Status Request one of the following must be entered. a. TCN b. Dates of Service.							
		Subr	_	Cancel	Reset		

Figure 4 – State ID search, under 100 records.

If the Client Maintenance database for your **Trading Partner ID** contains over 100 clients, enter the first few digits or letters into the field and click on the **Search** button. The screen will refresh, and then the user can click on the drop-down arrow for the field to see the results from the search (Figure 5). A list will appear from which to make the selection.

	Department of Health Care Policy and Financing			
Related Sites:	Provider Services CBMS CHP+ CICP CPPC Old Age Pension HIPAA Main Help Log Out			
Claims Status Request Client Information:	Enter the first few letters of the search criteria and click the Search button. The page will refresh with the data.			
State ID :* Z	▼ Search DOB:*			
Last Name :*	▼ Search First Name :*			
Gender :	Patient Account No :*			
		-		
Provider Information : Billing Provider ID: Name :*	▼ National Provider Identifier:]		

Figure 5 - State ID search, over 100 records.

Click on the desired client record. The available information from the Client Maintenance database will autopopulate the remainder of the **Client Information** section fields, as long as that information is available in client's Client Maintenance file. If any of the fields in the **Client Information** section are empty, enter the information directly into the field, if it is required.

Continue data entry for the Claim Status Request by completing the Provider Information section. Enter the **Billing Provider ID**. This field has the same context-sensitive search feature that the **State ID** and **Last Name** fields have. If the **NPI** for the billing provider has been stored in the provider's Data Maintenance record, the value will automatically populate into the **NPI** field and will then be sent with the Claim Status Request 276 transaction to the Medicaid Management Information System (MMIS).

Complete data entry for the Claim Status Request by entering either the **Transaction Control Number (TCN)** for the claim or the **From DOS** (Date of Service) and **Through DOS** for the claim.

- To obtain a single Claim Status, enter the TCN. The TCN may also be entered even if the From DOS and Through DOS fields are entered.
- To obtain a Claim Status for multiple claims, enter the date or date range in the From DOS and Through DOS fields. Statuses for multiple claims from a single Date of Service will be listed if multiple claims were submitted for the same Date of Service.
 The date can either be typed into the fields, following the format mm/dd/yyyy, or the user can select the

date from a calendar by clicking on the **Calendar** icon next to each field. Use the < and > symbols to navigate between months and years.

Click on the **Submit** button after entering all of the required data. A message will be displayed to show that the request is being processed (Figure 6).



Figure 6 – Processing screen shown when waiting for a system response.

If data validation errors occur, a message will display in red at the top of the page (Figure 7) until either the data is corrected and resubmitted or the **Reset** button is selected.

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	Related Sites:	Provider Services	CBMS	CHP+	CICP	CPPC	Old Age Pens	ion HIPAA		
1876					ħ	Main	Help	Log Out		
Claims Status Request										
Invalid Format for S Client last name mus Provider Name mus Client First name m Patient Account nun Client DOB must be Either ProviderID or Invalid Format for P	ust be entered, t be entered, ust be entered nber must be ent entered, National Provider	ered. Identifier is require	d.		aracters.					
Client Information :										
State ID :*		▼ Search			DOB:*					
Last Name :*		▼ Search		First	Name :*					
Gender :	V		Pati	ent Accou	int No :*					
Provider Information : Billing Provider ID: Name :*		Nat	ional Pro	vider Ide	ntifier:					
Claim Information:	To su a. TC	DOS: 01/26/2012 bmit a Claim Status es of Service. Submit	Request	t one of t	Through DOS: he follow	ing must				

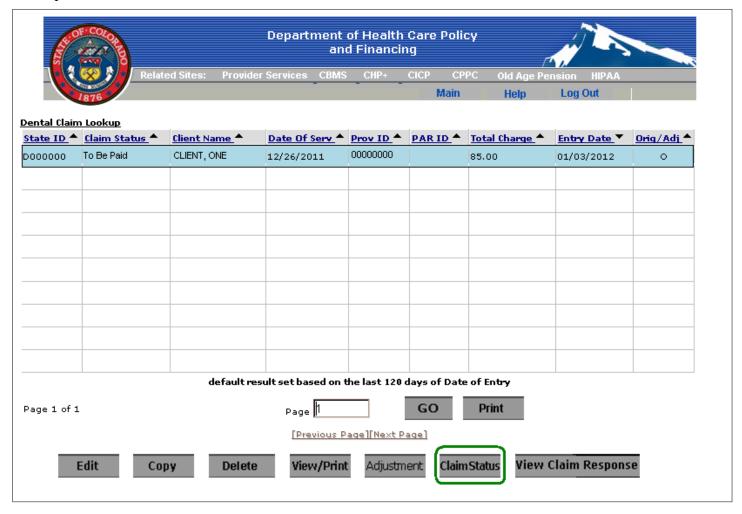
Figure 7 – Error display example.

If there are no data validation errors, and the Claim Status Inquiry is successfully sent off to the MMIS, once the Web Portal receives the Claim Status Response (Figure 8), it will be displayed back to the user. The Claim Status Response can be for a single or multiple claims, depending on the search criteria that was used on the Claim Status Inquiry.



Figure 8 - Claim Status Response Example for a Single Claim.

To complete a Claim Status Inquiry on a claim that was submitted from the Web Portal, choose the claim from the Claim Lookup screen and select the Claim Status button. The Claim Status column will be updated to reflect the most recent status received from the MMIS. Please note that if the claim was Suspended, the Claim Status may not display as Suspended in the response. If the Claim Status has changed to anything other than Suspended since submitting the claim, the updated Status will appear in the claims list Grid on the Claim Lookup screen.



Users can also complete a Claim Status Inquiry on claims that were submitted from the Web Portal by using the **Claim Status Inquiry** menu option, which can be found under the **Claims** menu on the main Web Portal screen.

Claims Status User Guide

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